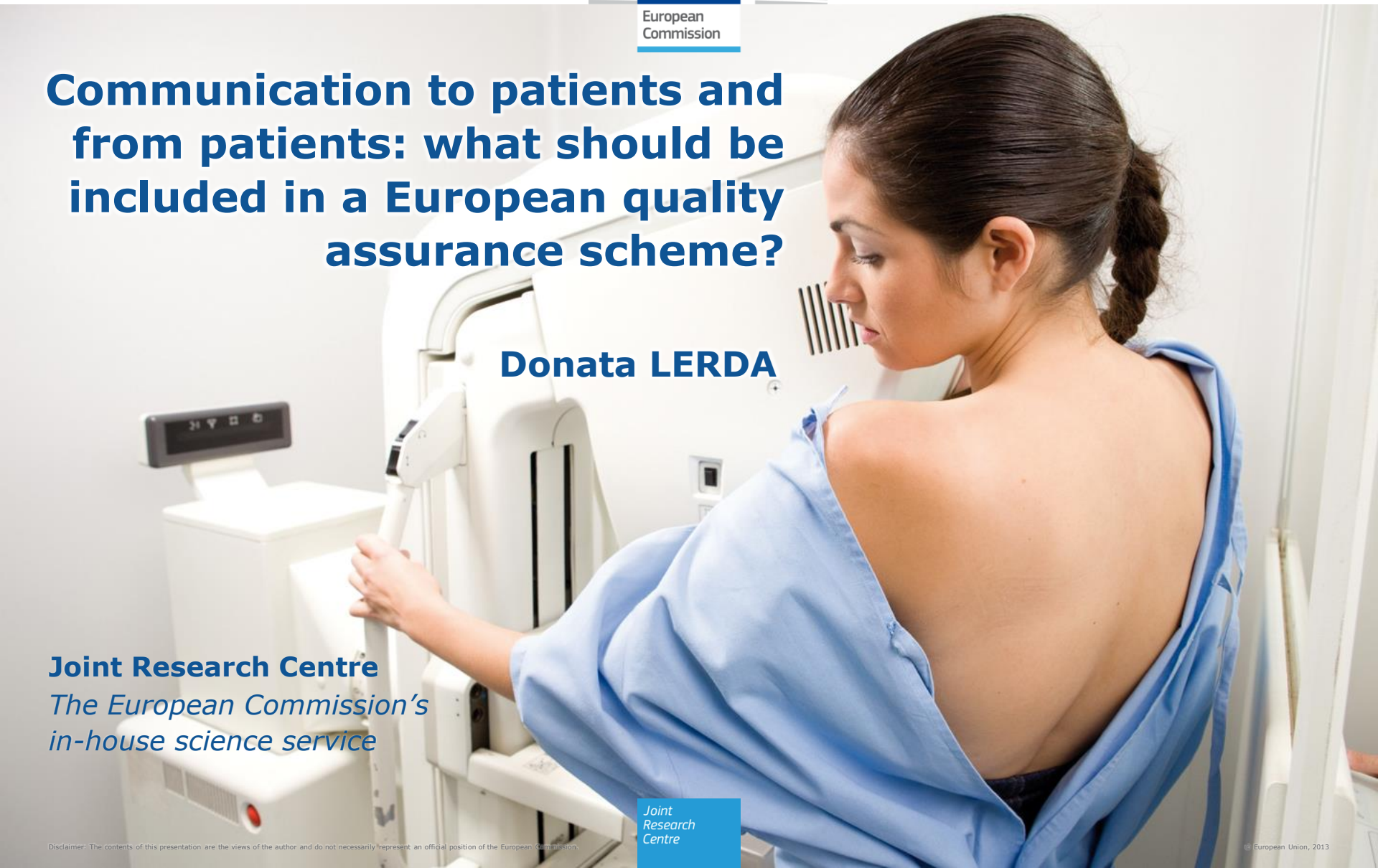


Communication to patients and from patients: what should be included in a European quality assurance scheme?

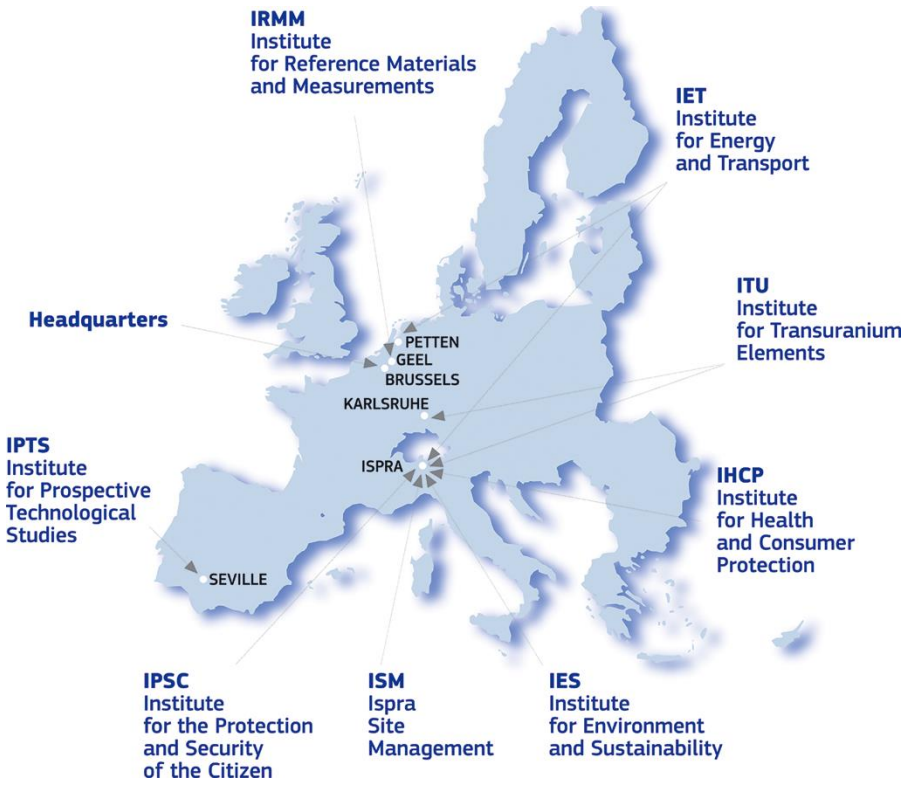
Donata LERDA

Joint Research Centre
The European Commission's in-house science service

The Joint Research Centre within the European Commission

European Commission → **Directorates General** → **Directorates** *Institutes* → **Units** *Scientific Units*

- Established 1957.
- 7 institutes in 5 countries.
- > 3000 staff (21% for administration) in 2013.
- 1443 scientific publications in 2012 and many tools and databases (~150).
- Budget: €330 million annually, plus 15% max earned income.



European Commission

Institute for Health and Consumer Protection (IHCP)

Director

K. Maruszewski

Genetically Modified Organisms	Food and Consumer Products
Nanotechnology	Chemical Assessment & Alternatives to Animal Testing

Public Health Policy Support UNIT

C. Nicholl

Public Health

- Nutrition
- Disease registries
- Behavioural Sciences
- Medical Devices
- **Healthcare Quality**

European Commission

Healthcare Quality Team

*To provide support to European policies and to European countries for the development and implementation of a **common HQ framework for improving quality of care**. European guidelines (evidence), standards, quality assurance schemes can reduce inequalities and risks related to increased patients' mobility.*

PROFILES:

- ✓ *Quality Assurance – accreditation – auditing, Healthcare quality*
- ✓ *Epidemiology, Biostatistics, Public health*
- ✓ *Radiology (BC screening and early diagnosis), Population-based cancer screening programmes*
- ✓ *Guidelines development and adoption, Literature review*

MAIN PROJECT at present:

European Commission Initiative on Breast Cancer - ECIBC

Breast cancer is still the most deadly cancer affecting women

Many guidelines are available

Various quality schemes are applied in Europe

HQ framework concept: guidelines go hand in hand with QA scheme

Guidelines

Systematically developed statements to **assist practitioner and patient decisions** about appropriate healthcare.[1] [and support policy makers]

Evidence-based guidelines
are essential for the QA Scheme.

The QA scheme monitors &
enhances guidelines implementation

Quality Assurance Scheme

Quality requirements for clinical aspects should correspond to **key recommendations from guidelines**, supported by the best available evidence.

[1] Field MJ, Lohr KN, editors; Committee to Advise the Public Health Service on Clinical Practice Guidelines, Institute of Medicine. Clinical practice guidelines: directions of a new program. Washington, DC: National Academy Press; 1990

HQ: *Aim – Method – Deliverables*

AIM: To provide **citizens / patients** with a **high degree of confidence** and assurance in all processes directly concerning them in relation to **all stages of their disease** (*e.g.* breast cancer), via:

1 - the establishment of a set of evidence **(Guidelines)**

2 - based on such a set, the implementation, auditing and monitoring of a set of quality standards **(European Quality Assurance scheme)**

METHOD: patients/experts/stakeholders involvement at all stages - *draft* proposals – open consultation – consensus - *standardisation*

(TRANSPARENCY – INCLUSIVENESS – PEER EVALUATION)

IMPACT: visibility (short term) – implementation (medium term) – outcomes (long term)

A European quality assurance scheme context

The **EC proposes** a set of essential and evidence-based requirements which will be monitored and audited. They will be applicable by all countries and aimed at impacting on quality of care in a reasonable timeframe

(the what)

Countries will implement them in total autonomy according to the treaties (decide on which model to apply in order to attain those requirements)

(the how)

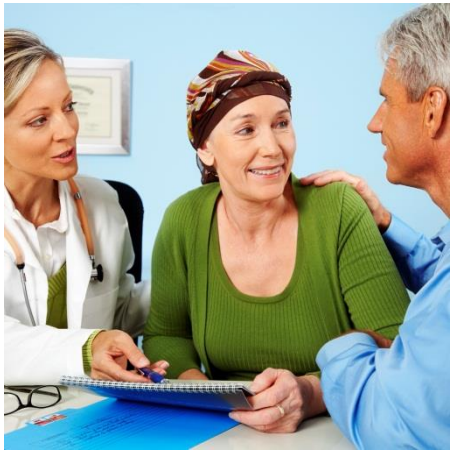
Healthcare services, also operating under other schemes, can adhere to a European QA scheme and thus confirm compliance to ESSENTIAL requirements common throughout Europe

A Quality assurance scheme structure

Horizontal aspects *(resources, QM, safety,* ***customer satisfaction, communication****…)*

Vertical aspects *(sequence of care)*

1. SCREENING → 2. DIAGNOSIS → 3. TREATMENT → 4. REHABILITATION → 5. FOLLOW-UP



1 - Communication **at** every step

- Balanced communication
- Feed-back
- Psychosocial support
- Information on available services
- Etc.

2 – Communication **between** the steps

- WAITING TIMES (what about timing BEFORE diagnosis?)
- Provision of contacts for the next step
- Information on what patient can expect from next step
- Transparency in definition of the chain of responsibility
- Transmission / availability of patients' dossier and samples
- Etc.

The involvement of patients in a Quality assurance scheme

Patient centricity has to be translated into practice

BEFORE (development)

- ✓ Involvement in working groups developing the QA scheme (*e.g.* for identifying and designing patient's centred requirements)
- ✓ Support the preparation of tools (*e.g.* 'customer' feed-back forms, informative fliers, patients' decision aids)

DURING IMPLEMENTATION

- ✓ Involvement in the implementation phase (many requirements will address communication, psychosocial support, linkage to patients groups, 'customer' feed-back, etc.)
- ✓ Provision of feed-back to QA scheme owner on which requirements are working and not working, what should be changed
- ✓ Provision of feed-back to QA scheme owner or managers on the fulfilment of requirements at 'certified' healthcare services

IAPO *Patients' centricity principles*

The involvement of patients in a Quality assurance scheme

Patient centricity has to be translated into practice

AFTER IMPLEMENTATION

- ✓ To support monitoring of compliance
- ✓ To trigger the maintenance updating process (also participating in respective reference guidelines development working groups)
- ✓ To participate to improvement planning (which would be the essential requirements to be prioritised)
- ✓ To participate to surveys to detected potential issues (triple target - patients / professionals / policy makers – from discrepancies the QA scheme owner can identify the areas for improvement)

Information

Involvement in health policies

Choice and empowerment

Respect

Access and support

IAPO *Patients' centricity principles*

European Commission

For more information

Website

http://ihcp.jrc.ec.europa.eu/our_activities/public-health/cancer_policy_support

Email

HQ: jrc-cancer-policy-support@ec.europa.eu

European Commission

European Commission

Thank You for Your Attention

Joint Research Centre